

Notre Dame De Lourdes School CARES Registration Form

Yes, I would like to register my child(ren) for participation in the CARES Program.

Family Name (Please print) _____

Children (Name and Grade) _____

I am interested in:

Morning CARES: _____

Afternoon CARES: _____

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I understand that the CARES Center is in operation on those days when school is in session.

Parent / Guardian Name: _____ Signature: _____
Please print legibly

Parent / Guardian Daytime Phone Number: _____
Please print legibly

Parent / Guardian email address: _____
Please print legibly

CARES EMERGENCY INFORMATION

In case of emergency, I can be reached at: _____

If you are unable to reach me, please contact: _____

Please indicate any medical problems, allergies, etc. that your child(ren) may have of which we should be aware: _____
